

CORRECTED FINANCIAL STATEMENT

AND

GOOD-FAITH AFFIDAVIT

Log ASB
cng DFS

Mid # 27436

Attach Any Part of Your Financial Statement Form Needed to Report and Explain Corrections

Filer Name (First, MI, Last) Royce West	Account # 00020990
Address (P.O. Box or Street Address, Apt. or Suite #) 5787 S. Hampton Rd. Ste. 440	
<input type="checkbox"/> (CHECK IF FILER'S HOME ADDRESS)	
(City, State, Zip Code) Dallas, TX 75232	

OFFICE USE ONLY

RECEIVED

JUL 16 2009

Texas Ethics Commission

Receipt #	Amount
HD (PM)	7-14-2009
Date Processed	
PROCESSED JUL 17 2009	
Date Imaged	

The correction(s) filed with this affidavit apply to my financial statement due in

2009 2008 2007 2006 2005 2004 Other _____

(Remember: The financial statement you file covers the preceding calendar year's activity. Thus a report due in 1999 covers information for calendar year 1998.)

Explanation of Correction

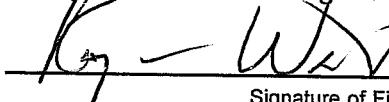
I made the original filing in good faith and later discovered that Part 15 had not been completed.

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

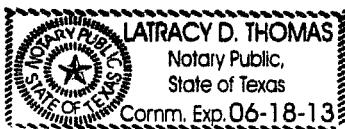
Check ONLY if applicable:



I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



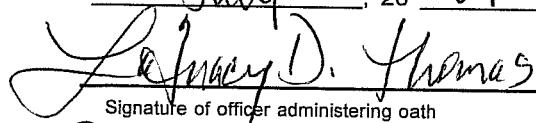
Signature of Filer



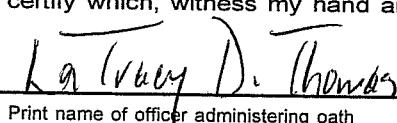
AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by Royce West this the 14th day ofJuly, 20 09,

to certify which, witness my hand and seal of office.



Signature of officer administering oath



Print name of officer administering oath

Title of officer administering oath

(3)

R421437

CORRECTED FINANCIAL STATEMENT
AND
GOOD-FAITH AFFIDAVIT

All Reports: A filer who files a corrected financial statement must submit a correction affidavit. The affidavit must identify the information that has changed.

Reports filed with Texas Ethics Commission: A corrected financial statement filed with the Ethics Commission after its due date is considered late for purposes of late-filing penalties unless: (1) any error or omission in the report as originally filed was made in good faith, and (2) the person filing the report files a corrected report and a good-faith affidavit not later than the 14th business day after the date the person learns that the report as originally filed is inaccurate or incomplete.

Attach additional pages as necessary.

FEES RECEIVED FOR SERVICES RENDERED TO A LOBBYIST OR LOBBYIST'S EMPLOYER

PART 15

NOTAPPLICABLE

Report any fee you received for providing services to or on behalf of a person required to be registered as a lobbyist under chapter 305 of the Government Code, or for providing services to or on behalf of a person you actually know directly compensates or reimburses a person required to be registered as a lobbyist. Report the name of each person or entity for which the services were provided, and indicate the category of the amount of each fee. For more information, see FORM PFS--INSTRUCTION GUIDE.

1 PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	Texas Instruments
2 FEE CATEGORY	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	Dallas Independent School District
FEE CATEGORY	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	City of Dallas
FEE CATEGORY	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	Dallas Area Rapid Transit
FEE CATEGORY	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	Dallas Cowboys Company
FEE CATEGORY	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	Linebarger Goggan Blair & Sampson
FEE CATEGORY	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY